GRIT, ALTRUISM AND SOCIAL SUPPORT AS PREDICTORS OF QUALITY OF LIFE AMONG NURSES

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UNDER THE SUPERVISION OF:

DR. PREET KUMARI
Assistant Professor
Department of Psychology

SUBMITTED BY:

JINCY CHERIAN

HEAD
Department of Psychology
DEAN
Faculty of Social Sciences

DEPARTMENT OF PSYCHOLOGY
FACULTY OF SOCIAL SCIENCES
DAYALBAGH EDUCATIONAL INSTITUTE
(DEEMED UNIVERSITY)
DAYALBAGH, AGRA- 282002

INTRODUCTION

Healthcare professionals are the ones who may operate within all branches of health care, including medicine, surgery, dentistry, midwifery, pharmacy, psychology, nursing or allied health professions. They often work in hospitals, healthcare centres and other service delivery points, but also in academic training, research and administration. Some provide care and treatment services for patients in private homes. Being patient centric means listening to patients and anticipating their needs, which are often left unsaid. Being empathetic to patients' psychological and emotional needs goes a long way toward helping patientsbetter manage their condition. Nursing staff members often witness first-hand the anxiety, dependence and fear patients feel when undergoing treatment. This puts nurses under a lot of emotional stress.

Nurses play a dynamic and crucial role in healthcare. A nurse is usually the first person a patient interacts with. Nurses are responsible for assessing patients' needs and diagnosing illnesses. Nurses work the front lines in all healthcare settings, providing the hands-on care for patients and giving doctors the information they need to make decisions for their patients' care. Nursing is a demanding field where every day is different. Patient care is the primary duty of a nurse. The patient and the nurse spend a great deal of time together. Nurses assess and observe patients, help doctors create a care plan, and carry out that care plan with medication and treatment administration. Nurses use a variety of medical equipment for both monitoring and performing treatments. They may also do diagnostic tests, take vitals and interpret the results. Patient education is another important part of the job. Nurses help patients learn how to make healthy choices. After a medical diagnosis, the nurse helps the patient and caregivers understand the diagnosis and learn how to handle it. The nurses handle the discharge instructions, helping patients understand what to do after they go home. Nursing responsibilities also include lots of paperwork and documentation. Nurses write down patient histories as well as current symptoms. They document everything they do during patient care, including when medications are administered and the amounts.

GRIT

A characteristic that is considered as a part of personality and therefore important for one's life in order to reach his/her goals is grit. Grit is explained by persistence, consistency, resilience and perseverance concepts which are known as powerful personality traits. According to this, people who have a grit personality trait do present more perseverance and passion behaviors to reach their long-term goals. Those people show consistent, resilient and emotionally controlled behaviors and those traits are embodied by positive life outputs (reaching their goals) **(Duckworth, Peterson, Matthews & Kelly, 2007; Roberts, 2009)**. It is also stated that grit differentiates the people with same intelligence but with different successes. Researchers note that this situation is related to the high self-control and self-discipline **(Duckworth, Peterson, Matthews & Kelly, 2007; Duckworth and Quinn, 2009)**. According to **Peterson and Seligman (2004)**, grit is a voluntary act that motivates people to continue their goal-oriented behaviors despite barriers, difficulties and hopelessness. As **Duckworth and Gross (2014)** stated people with high level of grit tendency do not tire.

Those people tend to tackle when other people give up. Also, such people exhibit more flexible behaviors and overcome difficulties with an analytic perspective. **Roberts (2009)**, otherwise, defends that people who have strong grit are easily motived for goal-oriented behaviors and present resilient characteristics in a goal-oriented attitude. Those characteristics are seen as the most vital bases for a person to achieve his/her goal. Grit is the motivational drive that keeps one on a difficult task over a sustained period of time. A "Gritty" person is very motivated to achieving these long term goals and often visualises an end-state that, coupled with powerful positive emotions, is engrained within their psyche. The perseverance of effort promotes the overcoming of obstacles and challenges that lie within a gritty individual's path to accomplishment, and serves as a driving force in achievement realisation.

ALTRUISM

Altruism is a behaviour that is aimed at benefiting another person.Altruism is when a person helps another without any interest in gaining benefits. It is different from prosocial behaviour as in prosocial behaviour; there is a tendency to expect psychological or social rewards for helping

behaviour. However, in altruism this is not the case. Such a person would not expect anything at all for his help. This is why some consider altruism as the purest form of prosocial behaviour. In simple language, it is selflessness. Even though there is debate whether human beings are capable of true altruism in the field of psychology, history bears evidence of instances of altruism. During times of war, sudden accidents, some people even risk their lives just to save others. This is the essence of extreme altruistic behaviour. However, it does not have to be such extremes, even in the day to day life people engage in altruistic behaviour that create a positive more humane society. Altruistic behaviour can be motivated by personal egotism, or it can be prompted by "pure" empathic desire to benefit another person, irrespective of personal gain **(Batson, 1991)**.

A qualitative study in Iran **(Nasrabadi et al., 2015)**, and a small sampled study in India **(Gopalan, Satyanarayan&Ashis, 2012)**, both of which suggested a positive correlation between altruism and job satisfaction and healthcare workers' motivation. This may be due to the fact that healthcare workers are assumed to be altruistic, as **Thompson, Melia & Boyd (1994)** posited in Nursing Ethics, since healthcare professions have traditionally been characterized by self-professed altruism.

SOCIAL SUPPORT

Social support can be defined in different manners such as social support is seen as the number of social contacts by a person or the compactness of their social networks **(Feuerstein, Labbe, Kuczmierczyk, 1998)**. A key concept related to mental health is perceived social support (PSS), which is conceptualized as individuals' cognitive evaluation of the amount of support provided to them by the immediate environment and others. Social support theorists believe that not all interpersonal relationships can be considered as social support. In other words, relationships are not inherently a source of support unless an individual considers them as a suitable and accessible source for fulfilling his/her needs **(Merino, et. al., 2015)**. Sometimes, assistance provided to individuals may be inappropriate, untimely, or against their wills. Consequently, the main point of interest is individuals' perception of support. In other words, social support focuses on individuals' cognitive evaluations of their immediate environment and the level of confidence

about the availability of help and support **(Martinez, Ramirez &Jariego, 2002)**. Perceived Social Support gives individuals a sense of being worthwhile and being a member of a social network and provides them with the opportunity to establish and strengthen their relationships. Social support is also equal to individuals' positive perceptions of family members, friends, and others' kindness, companionship and attention **(Charyton, Elliott, Lu & Moore, 2009)**.

Perceived social support is personal evaluation of resources received in a specific situation and through it the feelings of appropriateness and satisfaction **(Vaux, 1990)**. Therefore, positive health outcomes are contingent with the social support network. In other words, low levels of social support are associated with the unhealthy state and delinquent behaviour **(Cohen & Wills, 1985)**. Moreover, perceived social support is the value of an individual's self-estimation or self-perception. It is linked with the thoughts of being affiliated, supported and satisfied by significant others **(Gulac, 2001)**.

QUALITY OF LIFE

Quality of life can be defined as to the extent certain desirable factors are attained or retained. These include such factors as well-being, interpersonal relations, opportunity for personal growth and development, ability to exercise human rights, self-determination and healthy participation in society. According to **Costanza,et. al.(2008)** "quality of life is the extent to which objective human needs are fulfilled in relation to personal or group perceptions of subjective well-being".Improvement of the quality of nurses' lives is important to ensure they are providing the highest-quality care **(Chiu. et. al., 2007; Milosevic. et. al., 2011)**. Quality of life was found related with nurses' health **(Horrigan, Lightfoot, Larivière, &Jacklin ,2013; Oyama, &Fukahori, 2015)**and high turnover rates **(Lee, Dai, Park, & McCreary, 2013; Almalki, FitzGerald, & Clark, 2012)**. Especially, hospital based nurses are under high stress at work due to high workloads **(Lambert, Lambert, & Ito, 2004)**, high cognitive demand **(Al-Homayan, Shamsudin, &Subramaniam, 2013)**, and shift work **(Matheson, O'Brien,& Reid, 2014)**. Nurse staffing poorly affects patient outcomes **(Aiken, et. al. 2014)**. High stress among hospital-based nurses is due to great responsibility requiring high levels of expertise and relatively low reward associated with the nursing profession**(Watanabe. et. al., 2015)**. If nurses are highly stressed,

they are not able to provide safe and high-quality care. Factors negatively affecting quality of life among nurses include poor working conditions, high workload and job demands in addition to low job control **(Lambert, Lambert, & Ito, 2004)**.

Quality of life (QoL) is an important dimension of health. It is a subjective term which varies from person to person and depends on each individual's capacity to cope with a situation. It is important to know how satisfied nurses are with their QoL and jobs and what characteristics influence their quality of life.

PROBLEM

To study the relationship of grit, altruism, social support and quality of life among hospital nurses.

OPERATIONAL DEFINITIONS

Grit: Grit is a compound trait including two elements: consistency of interests and perseverance of effort.

Altruism: Altruism is thebehaviour by a person that is not beneficial to or may be harmful to him/ her but that benefits others.

Perceived Social Support: Perceived Social Supportis conceptualized as individuals' cognitive evaluation of the amount of support provided to them by the immediate environment and others.

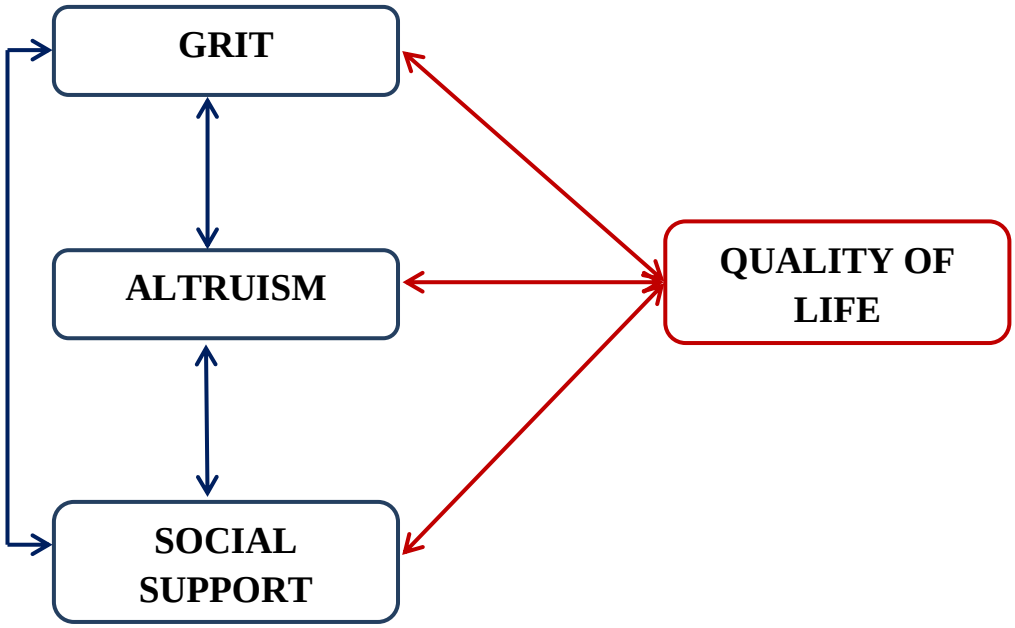
Quality of Life: Quality of Life is the standard of health, comfort, and happiness experienced by an individual or group.

JUSTIFICATION OF THE PROBLEM

Nurses are trained to consider patient's quality of care and life but seldom their own; they rarely consider that they themselves or others in the profession may need care.A nurse experiencing stress is likely to withdraw, may consider resignation and can negatively affect colleagues and workplace. Increasing workloads may create environments where stress can flourish. Any changes need to be integrated with the individual's own strategies. Grit will keep them motivated inside to overcome the adversity and stay passionate towards their goal. Many nurses list altruism as the reason for their pursuit of nursing in the first place. It has been shown, that greater social support during periods of high life stress may not only provide sustenance for the psychological

well-being of an individual, but might also have a positive impact on a variety of discrete health outcomes.Femininity is associated with seeking and receiving emotional support,altruism and long term perseverance.Women reported higher levels of caregiver strain, higher needs for emotional support, and higher perceived social support.Due to insufficient staffing, nurses experience difficulties in meeting patient needs. They become frustrated about their inability to complete their work to theirprofessional satisfactionand express wishes to leave the nursing profession. To cope with the challenges in the health-care delivery system and to guarantee the quality of care rendered and client satisfaction on the care received, it is important to know how satisfied health-care workers are with their job and what characteristics influence it. It is time for researchers, and policy makers to lead action on behalf of our healthcare professionals. This study focuses on grit, altruism and social support among nurses and how do these variables relate with quality of life.

CONCEPTUAL FRAMEWORK



OBJECTIVES

- To study the relationship of grit, altruism and social support with quality of life.
- To study the relationship of grit with altruism and social support.

- To study the relationship between altruism and social support.
- To find out the relative contribution of grit, altruism and social support in determination of quality of life.

HYPOTHESES

- Grit, altruism and social support will be strongly positively related to quality of life.
- Grit will be positively related with altruism and social support.
- There will be a positive relationship between altruism and social support.
- Relative contribution of altruism will be much remarkable as compared to grit and social support towards quality of life.

METHODOLOGY

DESIGN

Correlational design will be used.

VARIABLES

PREDICTOR VARIABLES

- Grit
- Altruism
- Social Support

CRITERION VARIABLE

- Quality of life

SAMPLE

The study will be conducted on a convenient sample of 300 female nurses from government hospitals in Agra region, belonging to age group of 25 to 50 years having at least a minimum degree in nursing.

TOOLS

- **The Grit Scale**: the Grit Scaledeveloped by Duckworth (2007) will be used to measure the grittiness of the sample. The scale includes 12 items to be rated by the subject on a

five point scale. The reliability being 0.85 (Cronbach's Alpha) and validity of the scale assured.

- **Self-Report Altruism Scale**: Self Report Altruism Scale by Rushton (2009) will be used to measure the altruism of the subjects. The scale includes 20 items with a 0-4 rating. Reliability of 0.80 and validity assured.
- **The Multidimensional Scale of Perceived Social Support (MSPSS):** The Multidimensional Scale of Perceived Social Support developed by Zimet, Dahlem, Zimet and Farley (1988) will be used toassess perceived social support. This scale has 12 items on 7 point Likert scale(1= very strongly disagree, 7= very strongly agree). It includes three subscales, each addressing a different source of support: (a) Family, (b) Friends and (c) Significant Other. The reliability of the scale is 0.88 and validity assured.
- **Quality of Life Scale (QoLS):** The quality of life scale by Sharma and Nasreen (2014). It contains 42 items divided into eleven areas—I. Life Satisfaction, II. Goals and Motivation, III. Spirituality, IV. Happiness, V. Hopes and Wishes, VI. Stress reduction, VII. Frustration Depression/Anxiety, VIII. Adjustment, IX. Physical Well-being and Self Care, X. Effectiveness/Efficiency of myself, XI. Personal Development/Personal Evolution. Reliability being 0.80 and the face and construct validity assured.

STATISTICAL TECHNIQUES

The data will be analyzed using Product Moment Correlation Coefficient and Multiple Regression Analysis will be used to estimate the relative contribution of each predictor variable (Grit, Altruism and Social Support) in the prediction of the criterion variable (Quality of Life).

REFERENCES

- Aiken, L.H., Sloane, D.M., Bruyneel. L., Van den Heede. K., Griffiths, P., Busse, R., Diomidous, M., Kinnunen, J., Kózka, M., Lesaffre, E., &McHugh, M.D. (2014). Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *Lancet*.*383*(9931), 1824–1830.
- Al-Homayan, A.M., Shamsudin, F.M., &Subramaniam, C.R.I. (2013). Impacts of job demands on nurses' performance working in public hospitals. *American Journal of Applied Sciences*. *10*(9), 1050–60.
- Almalki, M.J., FitzGerald, G.,&Clark, M. (2012). The relationship between quality of work life and turnover intention of primary health care nurses in Saudi Arabia. *BMC Health Services Research*.*12*, 314.
- Batson, C.D. (1991). *The altruism question: toward a social-psychological answer*. Hillsdale, NJ: Lawrence Erlbaum.
- Charyton, C., Elliott, J.O., Lu, B., &Moore, J.L. (2009). The impact of social support on health related quality of life in persons with epilepsy. *Epilepsy Behavior*. *16*(4),640–5.
- Chiu, M.C., Wang, M.J., Lu, C.W., Pan, S.M., Kumashiro, M., &Ilmarinen, J. (2007) Evaluating work ability and quality of life for clinical nurses in Taiwan. *Nursing Outlook*.*55*(6), 318–26.
- Cohen, S.,& Wills, T.A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*. 98 (2), 310-357.
- Duckworth, A. L., Peterson, C., Matthews, M.D., & Kelly, D.R. (2007). Grit: Perseverance and passion for long-term goals. *Journal of Personality and Social Psychology*, *92*(6), 1087-1101.
- Duckworth, A.L., &Quinn, P.D. (2009). Development and validation of the short Grit scale (Grit–S). *Journal of Personality Assessment*.*91*(2), 166–174.

- Duckworth, A., & Gross, J.J. (2014). Self-control and grit: Related but separable determinants of success. *Current Directions in Psychological Science*. *23*. 319–325.
- Feuerstein, M.,Labbe, E.E.,&Kuczmierczyk, A.R. (1988).*Health psychology: A psychobiological perspective*. USA: Plenum press.
- Gopalan, S. S., Satyanarayan, M., &Ashis, D. (2012). Assessing community health workers' performance motivation: A mixed-methods approach on India's Accredited Social Health Activists (ASHA) programme. *BMJ open*. *2*(5).
- Gulac F. (2001). The effect of perceived social support on subjective well-being. *Procedia Social and Behavioral Sciences*. *2*(2), 3844–3849.
- Horrigan, J.M., Lightfoot, N.E., Larivière, M.A., Jacklin, K. (2013). Evaluating and improving nurses' health and quality of work life. *Workplace Health Safety*. *61*(4) 173–81.
- Lambert, V.A., Lambert, C.E., Ito, M. (2004). Workplace stressors, ways of coping and demographic characteristics as predictors of physical and mental health of Japanese hospital nurses. *International Journal of Nursing Studies*. *41*(1), 85–97.
- Lee, Y.W., Dai, Y.T., Park, C.G., &McCreary, L.L. (2013). Predicting quality of work life on nurses' intention to leave. *Journal of Nursing Scholarship*.*45*(2), 160–8.
- Garcia, M. F., Ramirez, M. G., &Jariego, I.M. (2002). Social support and locus of control as predictors of psychological well- being in Moroccan and Peruvian immigrant women in Spain. International Journal Intercultural Relations. *26*(3),287–310.
- Matheson, A., O'Brien, L& Reid, J.A. (2014). The impact of shiftwork on health: a literature review. *Journal of Clinical Nursing*.*23*(23), 3309–20.
- Merino-Tejedor, E., Hontangas-Beltrán, P.M., Boada-Grau, J.,&LucasMangas, S. (2015). Hardiness as a moderator variable between the bigFive model and work effort. *Personality and Individual Difference*. *85*,105–10.

- Milosevic, M., Golubic, R., Knezevic, B., Golubic, K., Bubas, M.,&Mustajbegovic, J. (2011). Work ability as a major determinant of clinical nurses' quality of life. *Journal of Clinical Nursing*.*20*(19), 2931–2938.
- Nasrabadi, A.N., Forooshani, Z.S.D., &Rafiee, F. (2016). Altruism the essence of the Iranian nurses' job satisfaction: a qualitative study. *Global Journal of Health Sciences*. *8*(8). 13-19.
- Oyama, Y.,&Fukahori, H. (2015). A literature review of factors related to hospital nurses' health-related quality of life. *Journal of Nursing Management*.*23*(5), 661–73.
- Peterson, C. & Seligman, M.E.P. (2004). Character strengths and virtues: A handbook and classification. Washington, DC: American Psychological Association.
- Roberts, Y. (2009). *Grit: The skills for success and how they are grown*. London: The Young Foundation.
- Rushton, J.P., Chrisjohn, R.D., &Fekken, G.C. (1981). The altruistic personality and the self-report altruism scale. *Personality and Individual Differences*. *2*(4), 293-302.
- Sharma, S. &Nasreen, N. (2014). Quality of Life Scale. National Psychological Corporation: Agra.
- Thompson, I.E., Melia, K.M., & Boyd, K.M. (1994). *Nursing Ethics. Churchill* Livingstone: Elsevier.
- Vaux, A. (1990). An Ecological Approach to Understanding and Facilitating Social Support.*Journal of Social and Personal Relationships*. *7*(4), 507-518.
- Watanabe, N., Furukawa, T.A., Horikoshi, M., Katsuki, F., Narisawa, T., Kumachi, M., Oe, Y., Shinmei, I., Noguchi, H., Hamazaki, K.,& Matsuoka, Y. (2015). A mindfulness-based stress management program and treatment with omega-3 fatty acids to maintain a healthy mental state in hospital nurses (Happy Nurse Project): study protocol for a randomized controlled trial. *Trials*. *16*(36).
- Zimet,G.D, Dahlem, N.W., Zimet, S.G. & Farley, G.K.(1988). The Multidimensional Scale of Perceived Social Support.*Journal of Personality Assessment*.*52*(1), 30–41.